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CONFIRMATION NO. 1684

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/669,168	<b>FILING OR 371(c) DATE</b> 09/23/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> 279.566US1
<b>APPLICANTS</b> Jeffrey E. Stahmann, Ramsey, MN; Gerrard M. Carlson, Champlin, MN;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/999,255 10/31/2001 PAT 6,937,901 and is a CIP of 10/436,876 05/12/2003 PAT 7,069,070				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 12/13/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 21
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 21186				
<b>TITLE</b> METHOD FOR ISCHEMIA DETECTION BY IMPLANTABLE CARDIAC DEVICE				
<b>FILING FEE RECEIVED</b> 918	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	